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The Effectiveness of Using Emodemo Methods on Knowledge of Pregnant Women's Nutritional Needs

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The Effectiveness of Using Emodemo Methods on Knowledge of Pregnant Women's Nutritional Needs

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ABSTRACT

KEK in pregnant women can increase the risk of premature birth, low birth weight, maternal and infant mortality. Lack of knowledge about nutritional needs is one of the causes of KEK in pregnant women. GAIN is launching a new technique in nutrition education, namely emodemo. The purpose of this study was to determine the effectiveness of using the emodemo method on knowledge of the nutritional needs of pregnant women. Research Pre-experimental design with one group pretest posttest design. The population of all pregnant women at PMB Nanik Sidoarjo was 30 samples by means of purposive sampling carried out for 9 months, namely June-August 2020. Data collection was in the form of a questionnaire. Statistical test using the Wilcoxon Sign Rank Test. The statistical test results obtained a significance value of 0.000 (p value <0.005) which means that there is an effect of using the emodemo method on knowledge of the nutritional needs of pregnant women. Mother's knowledge about nutritional needs increased after receiving health education through Emo demo.

Keywords: Emodemo, Knowledge, Pregnant Women

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BACKGROUND

Maternal health is one of the main keys for the health of future generations, while children's health is an asset of the State in the future (Hogan et al, 2010). However, maternal and child mortality remains a major problem for the health system in Indonesia. Anemia in pregnancy is one of the causes of high MMR in Indonesia due to Iron Deficiency Anemia (ADB) and Chronic Energy Deficiency (KEK). Anemia and KEK in pregnant women can increase the risk of premature birth, low birth weight babies (LBW), stunting (short children), and maternal and infant mortality. This occurs due to a lack of optimal nutritional intake since before pregnancy and during pregnancy.

The prevalence of KEK in pregnant women in Indonesia based on the results of Riskesdas in 2018 was 17.3%, while the incidence of anemia among pregnant women in Indonesia increased from 37.1% in 2013 to 48.9% in 2018 pregnant women who experienced anemia. Preliminary data in PMB Sidoarjo obtained data from 10 trimester pregnant women, there are 4 people (40%) who have KEK and there are 2 people (20%) women experiencing anemia out of 10 pregnant women only 3 people who know the nutritional needs of pregnant women

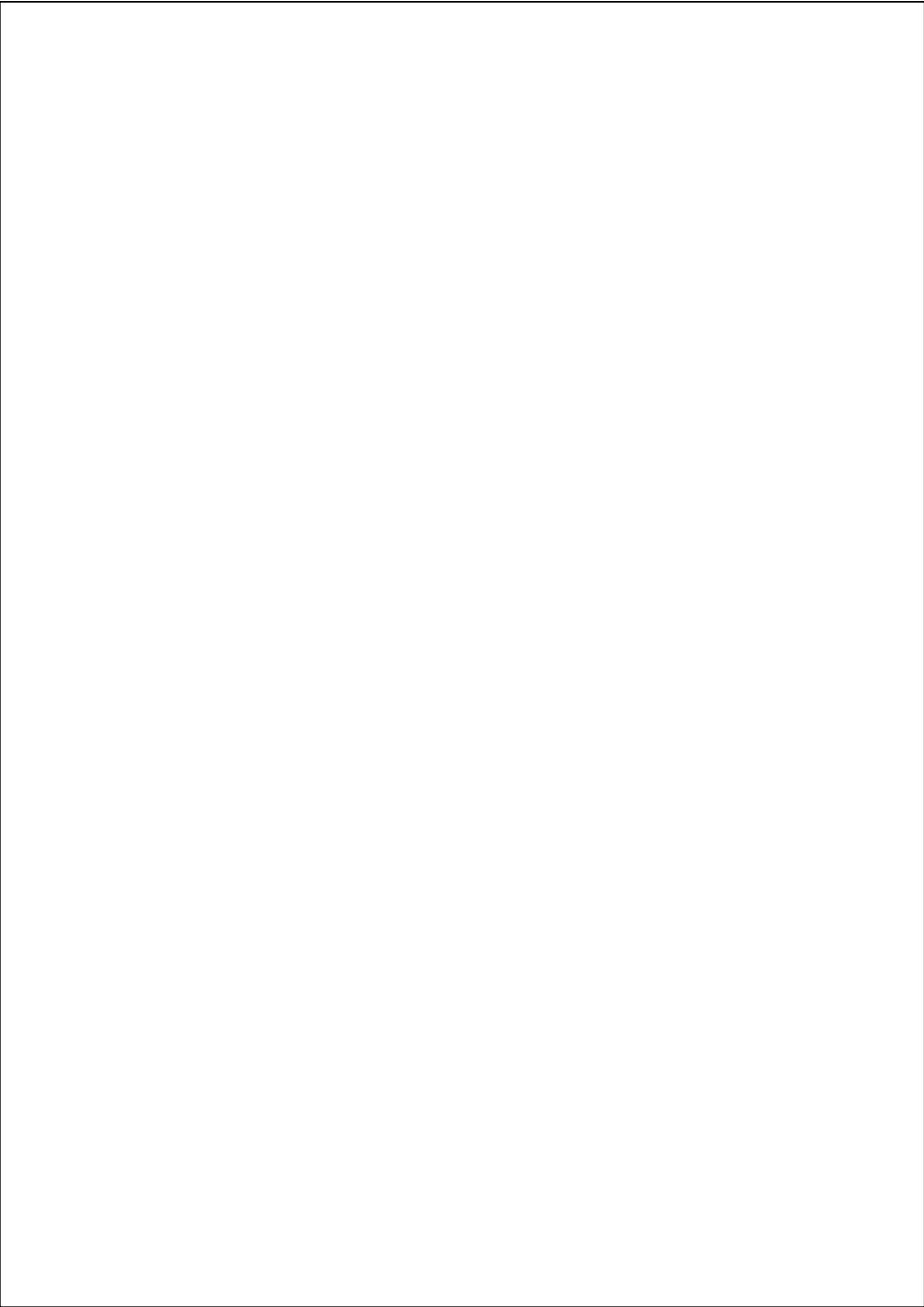
Lack of knowledge of mothers about their needs nutrition is a factor that can cause KEK in pregnant women. Arifin's research results, 2016, there is a relationship between the knowledge of pregnant women about nutritional needs with the nutritional status of pregnant women, if the knowledge of pregnant women about good nutritional needs will certainly be aware of the impact of not fulfilling nutrition so that mothers will try to maintain their health which will affect their nutritional status.

Interventions that can be carried out to solve KEK problems related to the knowledge of pregnant women are by providing nutrition education so that it can help individuals and communities to practice healthy living behaviors, especially those related to food choices. GAIN (Global Alliance for Improved Nutrition) launched a new technique in nutrition education, namely emodemo (emotional demonstration). Emo demo is a technique that can increase behavior change by way of demonstrations that are fun and emotional so that they are easy to remember and have a very strong impact.

METHODS

This research is a type of research *pre-experimental design with a one group pretest posttest design*. Observation was conducted 2 times, namely before the experiment (*pre-test*) and after the experiment (*post test*), which aims to determine the level of mother's knowledge. independent variable of health education using emodemo method, while the dependent variable is the mother's knowledge about the nutritional needs of pregnant women. The population of all pregnant women in PMB Nanik Sidoarjo by purposive sampling.

The research was conducted for 3 months, namely June-August 2020 at PMB Nanik Sidoarjo. Data collection in the form of a questionnaire. After the data was collected, the data were analyzed using statistical tests, namely the *Wilcoxon Sign Rank Test*.





with an average increase in knowledge of 5.2 (Huriah, 2017). The same is the case with the results of research conducted by Dahlia, 2017 that there is a significant difference between the knowledge of students about the practice of washing hands with soap before and after providing health education with the Emo Demo method.

Health education activities using the Emo demo method in addition to providing health information can also upload the emotions of the subject so that the subject will be encouraged to make changes in behavior besides that the implementation of counseling is carried out simply using props so that the material provided is easier to accept and clear besides that too only takes a relatively short time, namely 15-20 minutes.

In health education, several emodemo modules are used, including IMAGING THE FUTURE, the module is delivered so that mothers know the importance of nutrition for the future of their children, besides using the ATIKA module (Ati, Eggs, Fish) sources of iron so that mothers know about the type of food needed during pregnancy (Fansi, 2018).

In the level of behavior change, attitude is *the domain* second after knowledge. Knowledge is a factor that plays an important role in determining a person's attitude, with knowledge will form trust which further provides perspective on humans in preparing for reality and provides a basis for decision making and determining attitudes towards certain objects. Health education is part of the process to motivate targets in order to increase knowledge about health, so that they have better behavior and attitudes. (Notoatmodjo, 2012)

CONCLUSION

Emo demo is an effective way of health education in an effort to increase one's knowledge, according to the behavior center design theory that health education is intended not for thoughts but for feelings so that for this emodemo method what will experience a greater increase is attitude compared to knowledge therefore suggestions for further research to examine the effectiveness of using the emodemo method on attitudes.

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